ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2015 (1) (2) (3) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Businessowners 815,828 3.80% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adjusted Territory relativities, implemented updated Age of Building relativities *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Mutual Fire Insurance Company Name of Company Joel Bruxvoort - Pricing Analyst Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	evel produced by rate revision effective 10/	1/2015
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	<u> </u>		
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Businessowners	2,048,751	3.10%
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify	<i>y</i> :
		rates of an advisory organization, specify o	organization):
Adju	sted Territory relativities, implemented upd	ated Age of Building relativities	
*Ad	justed to reflect all prior rate changes		
**C	hange in Company's premium level w	hich will result from application of new rate	es.
		Nationwide Mutual Insura	nce Company
			Name of Company
		Joel Bruxvoort - Sr. Pricing	Analyst
			Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	evel produced by rate revision effective 10/1/2	015
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
			
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		·
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Businessowners	3,451,284	3.70%
	Line of Insurance		
Doe No.	es filing only apply to certain territory (territories) or certain classes? If so, specify:	
		rates of an advisory organization, specify org	anization):
Aajı	usted Territory relativities, implemented upda	ated Age of Building relativities	
*Δd	ljusted to reflect all prior rate changes		
		hich will result from application of new rates.	
•	range in company o promisin level to	mon was recent from approaches of their factor	
		Nationwide Property and Ca	sualty Insurance Company
			me of Company
		Joel Bruxvoort - Sr. Pricing An	alyst Title
			partial = 100

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective June 10, 2015 New and Renewal

(1) Coverage -	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	voidine (minois)	- Change (+OI-)
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass	<u></u>	
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Manufactured Home	022 102	10.50/
Line of Insurance	933,102	+0.5%
Line of insurance		
Does filing only apply to certa Classes? If so,	in territory (territories) or	certain
specify: No No		
Brief description of filing. (If fi Organization, specify	ling follows rates of an a	dvisory
organization):	Revision to EQ rates for 2	Zones 1, 2, and 3.
***************************************	A	
*Adjusted to reflect all prior ra **Change in Company's prem		lt from application of new
rates.	Pekin Insurance C	Company
	F EKIII HISUIANCE C	Ollipany

Name of Company
Edward A. Mulvey - Vice-President of Underwriting

(Change in Company's premium or rate	level produced by rate revision effec	tive 9/1/2015
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft Glass		
5.			
6. 7.	Fidelity		
7. 8.	Surety Boiler and Machinery		
o. 9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial Property	\$1,032,957	-6.4%
	Line of Insurance		
	iling only apply to certain territory (te	rritories) or certain classes? If so, spe	ecify:
Vacan	t Property program		
Brief d	lescription of filing. (If filing follows be base property rates by 15%, im	rates of an advisory organization, spendential	classes implement limit curve for
certair	residential coverages, implemen	a territory factor for Chicago hase	ed on loss experience
Certaii	Tesideridai coverages, implemen	ta territory factor for Officage base	ou off loss experience
		<u> </u>	-
* A	djusted to reflect all prior rate changes	ī.	
** C	nange in Company's premium level w	nich will	
	sult from application of new rates.		
	• •		
		Uı	nited National Specialty
			Name of Company
			Traine or company
		Lv	nn Stanly Director, Product
			anagement <u>+</u>
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2015 (3) (1) (2)**Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** Glass 5. 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Businessowners 3,655,181 4.20% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing, (If filing follows rates of an advisory organization, specify organization): Adjusted Territory relativities, implemented updated Age of Building relativities *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Allied Property & Casualty Insurance Company Name of Company

Joel Bruxvoort - Sr. Pricing Analyst

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
٠. 5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Condominium	\$18,417,908	+9.9%
	Line of Insurance		
	iling only apply to certain territory (territories) or certain classes? If so, specify:	
No.			
			<u> </u>
		ws rates of an advisory organization, specify of	
		ing an overall 9.9% rate level change.	
Con	dominium Rate Adjustment F	actor and Rating Group Factors were	revised.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Allstate Indemnity Company
Name of Company

Jessica Pol, Pricing Technician Analyst

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
			
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners Commercial Multi-Peril		
13.			
14.	Crop Hail	#0.075.616	10.00/
15.	Other Condominium	\$2,975,616	+8.0%
	Line of Insurance		
_ ((
	illing only apply to certain territory ((territories) or certain classes? If so, specify:	
No.			
		ws rates of an advisory organization, specify of	
		ing an overall 8.0% rate level change.	
C	dominium Rate Adjustment F	actor was revised	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Allstate Insurance Company
Name of Company

Jessica Pol, Pricing Technician Analyst

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2015 (1) (2)(3) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety **Boiler and Machinery** 8. 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Businessowners 3,256,919 4.80% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adjusted Territory relativities, implemented updated Age of Building relativities *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. AMCO Insurance Company Name of Company

Joel Bruxvoort - Sr. Pricing Analyst

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	•	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
Э.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.			
14.	Crop Hail		
5.	Other Garage BOP	\$186,557	5.0%
	Line of Insurance		
٦	a filing only apply to cortain torriton. (to	rritories) or certain classes? If so, specify	No
Joe	s liling only apply to certain territory (te	miones) of certain classes? If so, specify	110
			. "
		ates of an advisory organization, specify org	anization):
₹ev	sed base property and liability rates.		
	<u> </u>		

COLUMBIA MUTUAL INS. CO.

Name of Company

Dennis McVay, CPCU
Director, Research & Development
Official - Title

	Change in Company's premium or ra	ate level produced by rate revision effective	9/1/15
	• •		
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		<u> </u>
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3 .	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
1 1 .	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.		\$607,691	-2.980%
	Line of Insurance		
_			A1.
Joe	s filing only apply to certain territory (t	erritories) or certain classes? If so, specify	No
	47		
Brie	f description of filing (If filing follows a	rates of an advisory organization, specify orga	anization):
	reased our property and liability rates.		
_			
	A 12 - 4 1 - 1 A 1 - 2 - 10 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	_	

Adjust to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

COLUMBIA NATIONAL INS. CO.

Name of Company

Dennis McVay, CPCU
Director, Research & Development
Official - Title

	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.			
14.	A		
15.	Worker's Compensation		
16.	Other Businessowners	\$31,278,739	-0.2%
	Line of Insurance		
s filing I territ	g only apply to certain territory (territo	ories) or certain classes? If so, specify:	The revision applies
f desci prem	ription of filing. (If filing follows rate ium determination rule for Blanke	s of an advisory organization, specify or t Additional Insureds-multiple intere	rganization): ests has changed.
		j	
		COUNTRY Mutual Insurance Co	mpany
		Name of Company	

Vice President Commercial Lines and Agribusiness Operations
Official and Title

	(1)	(2) Annual Premium	(3) Percent Chang
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	<u> </u>	
5 .	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other Commercial Property	14,835,395	3.1%
	Line of Insurance		
C:1:	g only apply to certain territory (territorie	on) or cortain places. If an experien	
rrito		es) of certain classes? If so, specify.	
этис	ones		
desc	ription of filing. (If filing follows rates of	of an advisory organization, specify	organization):

COUNTRY Mutual Insurance Company	
Name of Company	
Min AT Dane	
Sheri D. Bane	

<u>Vice President Commercial Lines and Agribusiness Operations</u>
Official and Title

	(1)	(2)	(2)
	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Annual Premium Volume (Illinois)*	rercent Change (+ or -)**
	Coverage	voidine (minors)	(+ 01 -)
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
б.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other Businessowners	\$31,278,739	6.5%
	Line of Insurance		
	g only apply to certain territory (territories.	tories) or certain classes? If so, specify:	The revision applies
this i	filing we are making our annual B	es of an advisory organization, specify or OP rate revision for Illinois. Our ratir tor Tier 1 factor.	ng relativities and fact
سهد	termed as wen as our invitediffiac	THE TRACE	
		COUNTRY Mutual Insurance Cor	npany
		Name of Company)
		(11)	/
		/ W/ 4 - 6/ Wk	<i>\(\lambda_i \)</i>
		Alliath	Mue

<u>Vice President Commercial Lines and Agribusiness Operations</u>
Official and Title

ange in Company's premium or rate level produced by rate revision effective:		09-01-2015	
	(1)	(2)	(3)
		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.			
14.	1		
15.	Worker's Compensation		
16.	Other General Liability	20,495,205	-0.1%
	Line of Insurance		
filing	g only apply to certain territory (territoric	es) or certain classes? If so, specify:	:
Territo	nies		
	•		• .• .
t desci	ription of filing. (If filing follows rates of	or an advisory organization, specify	organization):
na Ch	anges for Blanket Additional Insureds.		
ig Cir	anges for Dianket Additional insureds.		

COUNTRY	Mutual Insurance Company	
Name of G	ompany .	_
	1.1.1.	
	1/M/ Totale	
heri A Dar		

Vice President Commercial Lines and Agribusiness Operations
Official and Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2015 (1) (2) (3) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Businessowners 1,535,518 4.00% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adjusted Territory relativities, implemented updated Age of Building relativities

Depositors Insurance Company

Name of Company

Joel Bruxvoort - Sr. Pricing Analyst

Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective $8/1/2015 \, \text{New}$; $10/1/2015 \, \text{Renewals}$.

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	· 	
15.	Other PERSONAL & PREMISES LIABIL	\$7,996	+8.3
	Line of Insurance		-
cl - Br or	es filing only apply to certain asses? If so, specify: ief description of filing. (in ganization, list organization costs. Also, revised rates for horse and	If filing follows rates):Revised loss cost multipliers	s of an advisory
	LUSIS. MISU, TEVISEU TALES TOT HOISE AND	buggy hability.	· · · · · · · · · · · · · · · · · · ·
_			

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Goodville Mutual Casualty Company

Name of Company

Elmer Landis, Actuarial Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Chan	ige in Company's premium or rate lev	el produced by rate revision effective	5/1/2015
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
	<u> </u>	<u> </u>	
1. /	Automobile Liability Private		
	Passenger Commercial		
2. /	Automobile Physical Damage Private Passenger Commercial		
3. l	iability Other Than Auto		
	Burglary and Theft		
	Glass		
6. F	Fidelity		
7. \$	Surety		
8. E	Boiler and Machinery		
	Fire		
10. E	Extended Coverage		
	nland Marine		
12. H	Homeowners		
13. (Commercial Multi-Peril		
14. (Crop Hail		
15. (Other Commercial Fire Allied	3,774	-2.30%
	Line of Insurance	·	
Brief		erritories) or certain classes? If so, specify:	No.
	isted to reflect all prior rate changes. ange in Company's premium level wh	ch will result from application of new rates.	
		Greenwich Insurance	
		Na	me of Company
		Mark Stockbrid	Digitally signed by: Mark Stockbridge, Vice President Bit: CN = Mark Stockbridge, Vice President Ashall a mark streckbridge Mylograp opp. C = U.S.
		ge, Vice President	
			Official – Title

Change in Company's premiurevision effective 11/01/	um or rate level produced b 2015	oy rate			
(1)	(2) Annual Premium	(3) Percent			
<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u> Change (+ or -)**</u>			
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine					
12. Homeowners 13. Commercial Multi-Peril					
14. Crop Hail					
15. Other Businessowners Line of Insurance	4,965,929	0.6%			
Does filing only apply to certain territory (territories)or certain classes? If so, specify:					
Brief description of filing. (If organization, specify organization	n): Businessowners Lost C	-			
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.					
	Grinnell Mutual Reinsura Name of Compar				

Actuary Manger Official - Title

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